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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/532,156-Conf. #6179 |
| | Filing Date | November 7, 2005 |
| | First Named Inventor | Jerome L. Ackerman |
| | Art Unit | 2813 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | 022727-0129 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Quarles & Brady LLP

Address City Country State Zip Telephone Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.**Revocation of Power of Attorney or Authorization of Agent**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: _____ Signature: _____ (William C. Geary III)